

**United States District Court**  
NORTHERN DISTRICT OF CALIFORNIA

ZHIGANG BAI and JINGXU ZHAO

**SUMMONS IN A CIVIL CASE**

CASE NUMBER:

**V.**

EMILIO T. GONZALEZ, Director of the United  
States Citizenship and Immigration Services;  
(see attachment for remainder of Defendants)

**C 07 5251**

**SI**

TO: (Name and address of defendant)

EMILIO T. GONZALEZ  
Director of the United States Citizenship and Immigration Services  
20 Massachusetts Avenue, N.W.  
Washington, DC 20529  
(see attachment for remainder of Defendants)

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Audra R. Behne  
Law Offices of Audra R. Behne, PC  
14724 Ventura Boulevard, 2nd Floor  
Sherman Oaks, CA 91403

an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

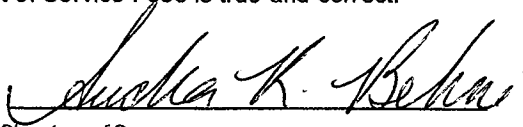
Richard W. Wieking

CLERK

DATE OCT 15 2007

ANNA SPERKLE

\_\_\_\_\_  
(BY) DEPUTY CLERK

<b>RETURN OF SERVICE</b>		
Service of the Summons and Complaint was made by me <sup>1</sup>		DATE See attached
Name of SERVER <div style="text-align: center;">Audra R. Behne</div>		TITLE <div style="text-align: center;">Attorney</div>
<i>Check one box below to indicate appropriate method of service</i>		
<div style="margin-bottom: 20px;"> <input type="checkbox"/> Served Personally upon the Defendant. Place where served:                         </div> <div style="margin-bottom: 20px;"> <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.                          Name of person with whom the summons and complaint were left:                     </div> <div style="margin-bottom: 20px;"> <input type="checkbox"/> Returned unexecuted:                     </div> <div> <input checked="" type="checkbox"/> Other (specify): Sent via certified mail, return receipt. See attached receipt.                     </div>		
<b>STATEMENT OF SERVICE FEES</b>		
TRAVEL	SERVICES	TOTAL
\$0	\$0	\$0
<b>DECLARATION OF SERVER</b>		
<p style="text-align: center;">I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p>Executed on <u>12-5-07</u></p> <p style="text-align: center; font-size: small;">Date</p> </div> <div style="width: 55%; text-align: center;">   <p style="font-size: small;">Signature of Server</p> <p>14724 Ventura Boulevard, 2nd Floor</p> <p><u>Sherman Oaks, CA 91403</u></p> <p style="font-size: small;">Address of Server</p> </div> </div>		
<p>(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure</p>		

**TITLE OF ACTION (Defendants Continued)**

UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES; MICHAEL  
CHERTOFF, Secretary of the Department of Homeland Security; PETER D. KEISLER,  
Acting United States Attorney General; ROBERT MUELLER, Director of the Federal  
Bureau of Investigations; and FEDERAL BUREAU OF INVESTIGATIONS

**TO: (Name and address of defendant) (Continued)**

Honorable Michael Chertoff  
Secretary  
Department of Homeland Security  
Washington, DC 20528

Honorable Peter D. Keisler  
Acting United States Attorney General  
950 Pennsylvania Avenue, N.W.  
Washington, DC 20530

Robert Mueller  
Director  
Federal Bureau of Investigations  
J. Edgar Hoover Building  
935 Pennsylvania Avenue, N.W.  
Washington, DC 20535

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Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 7.13	10/23/2007

Sent To  
 Civil Process Clerk, Office of U.S. Atty.  
 Street, Apt. No.;  
 or PO Box No. 450 Golden Gate Ave., 11th Floor  
 City, State, ZIP+4  
 San Francisco, CA 94102

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Civil Process Clerk  
 Office of the United  
 States Attorney  
 450 Golden Gate Avenue  
 11th Floor  
 San Francisco, CA 94102

 2. Article Number  
 (Transfer from service label)

7006 2150 0000 7133 8416

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *[Signature]*
☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

F B Aleo

## C. Date of Delivery

10/25/07

 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

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Return Receipt Fee (Endorsement Required)	\$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 7.13	

10/23/2007

*Re: Zhigang Bai*

Sent To  
Emilio T. Gonzalez / Dir. of USCIS  
Street, Apt. No.,  
or PO Box No. 20 Massachusetts Ave., N.W.  
City, State, ZIP+4  
Washington, DC 20529

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>DAS</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>
1. Article Addressed to: Emilio T. Gonzalez Director of the United States Citizenship and Immigration Services 20 Massachusetts Ave, NW Washington, DC 20529 <i>Re: Zhigang Bai</i>	B. Received by (Printed Name) <i>DAS</i>
2. Article Number (Transfer from service label)	C. Date of Delivery 10/23/07
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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PS Form 3811, February 2004

Domestic Return Receipt

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Certified Fee	\$ 2.65	06
Return Receipt Fee (Endorsement Required)	\$ 2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 7.13	10/23/2007

Sent To: *Re: Zhigang Bai*  
 Hon. Michael Chertoff / Secretary  
 Street, Apt. No. or PO Box No. Dept. of Homeland Security  
 City, State, ZIP+4 Washington, DC 20528

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>X James Adams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>NOV 2</i> C. Date of Delivery <i>2007</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:  <i>Honorable Michael Chertoff</i>  <i>Secretary</i>  <i>Department of Homeland Security</i>  <i>Washington, DC 20528</i></p>	<p><b>OFFICIAL CAPACITY ONLY</b></p>
<p>2. Article Number          (Transfer from service label)</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p><i>Re: Zhigang Bai</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 2150 0000 7133 8331</p>	

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Certified Fee	\$ 2.65	06
Return Receipt Fee (Endorsement Required)	\$ 2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 7.13	10/23/2007

Sent To *Re Zhigang Bai*  
 Hon. Peter D. Keisler, Acting USA G  
 Street, Apt. No.,  
 or PO Box No. 950 Pennsylvania, N.W.  
 City, State, ZIP+4  
 Washington, DC 20530  
 PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Honorable Peter D. Keisler  
 Acting United States Attorney  
 General  
 950 Pennsylvania Avenue, N.W.  
 Washington, DC 20530

*Re Zhigang Bai*

2. Article Number  
(Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent  
☒ Addressee  
**NOV 29 2007**  
 B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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Certified Fee	\$2.65	06
Return Receipt Fee (Endorsement Required)	\$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 7.13	
		10/23/2007
Sent to: <i>Re: Zhigang Bai</i>		
Robert Mueller, Director, FBI		
Street, Apt. No., or PO Box No. <i>5. Edgar Hoover Bldg.</i>		
City, State, ZIP+4 <i>935 Pennsylvania Ave., N.W.</i>		
<i>Washington, DC 20535</i>		
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